E-069-18

# ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION DEC 2:0 2018

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATHORILITIES &

City and Zip Code:	ist La Grange M					
City and Zip Code:	iot za Grango ii	lemorial Hospit	ala/k/a AMITA	Health Medic	al Center-La	Grange
	5101 South Will		ad		<u> </u>	
Country Cook	La Grange, IL 6					
County: Cook	Health :	Service Area	VII	Health Plan	ning Area: P	<u>\-04</u>
				•		
Applicant(s) [Prov	ide for each	applicant (ref	er to Part 11	30.220)]		
Exact Legal Name:		xian Brothers-A			Co. d/b/a AMI	TA Health
Street Address:		2601 Navista	r Drive Lisle			
City and Zip Code:		IL 60532				
Name of Registered Ag	gent:	CT Corporation				
Registered Agent Stree	et Address:	208 South Las	Salle Street, Su	ite 814		
Registered Agent City	and Zip Code:	Chicago, IL 6	0604			
Name of Chief Executive		Mark A. Frey				
CEO Street Address:		2601 Navistar	Drive			
CEO City and Zip Code	e:	Lisle, IL 6053	2			
SEO Telephone Numb	er:	224/273-4121				
Type of Ownershi	p of Applica	nts				
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K Non-profit Cor	poration		Partnership	)		
For-profit Corp	oration		Governmer	ntal		
Limited Liability			Sole Propri	etorship		Other
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APPEND DOCUMENT			N NUMERIC S	EQUENTIAL (	ORDER AFT	ED TUE
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_AST PAGE OF THE A Primary Contact [I Name:			respondence	e or inquiries	s]	EKINE
LAST PAGE OF THE A Primary Contact [I Vame: Title:	Jacob M. Axel		respondence	e or inquiries	s]	EKINE
Primary Contact [I Name: Title: Company Name:	Jacob M. Axel President Axel & Associa				s]	EK INC
Primary Contact [Name: Pitle: Company Name: Address:	Jacob M. Axel President Axel & Associa	ates, Inc.			s]	
Primary Contact [Name: Title: Company Name: Address: Telephone Number: E-mail Address:	Jacob M. Axel President Axel & Associa 675 North Cou	ates, Inc. Int, Suite 210 P			s]	·

## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Ide		
Facility Name: Advent	st La Grange Memorial Hospital a/k/a AMITA F	Health Medical Center-La Grange
	5101 South Willow Springs Road	
City and Zip Code: I		
County: Cook	Health Service Area VII	Health Planning Area: A-04
Applicant(s) [Provi	ide for each applicant (refer to Part 113	0.220)]
Exact Legal Name:		entist La Grange Memorial Hospital
Street Address:	2601 Navistar Drive	
City and Zip Code:	Lisle, IL 60532	
Name of Registered Ag		
Registered Agent Stree		814
Registered Agent City a		
Name of Chief Executiv		
CEO Street Address:	5101 South Willow Springs Roa	ad
CEO City and Zip Code		
CEO Telephone Number		
CLO Telephone Number	100/002-1200	
Type of Ownership	o of Applicants	
	<u>_</u>	
X Non-profit Corp		
☐ For-profit Corpo		_
Limited Liability	Company 🔲 Sole Propriet	orship
	nd limited liability companies must provide an II	linois certificate of good
standing.		
<ul> <li>Partnerships m</li> </ul>	ust provide the name of the state in which they	are organized and the name and
address of each	h partner specifying whether each is a general of	or limited partner.
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	ATION AS <u>ATTACHMENT 1</u> IN NUMERIC SE	
LAST PAGE OF THE	APPLICATION FORM.	Company of the second s
Primary Contact [	Person to receive ALL correspondence	or inquiries]
Name:	Jacob M. Axel	
Title:	President	
Company Name:	Axel & Associates, Inc.	
Address:	675 North Court, Suite 210 Palatine, IL 60067	7
Telephone Number:	847/776-7101	
E-mail Address:	jacobmaxel@msn.com	
Fax Number:	847/776-7101	
		·
		an are de
Additional Contac	<b>t</b> [Person who is also authorized to disc	cuss the application for
exemption]		
Name:	none	
Title:		
Company Name:		
Address:		
Telephone Number:		
E-mail Address:		

Fax Number:

## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Ide	entification				
Facility/Project Identification  Facility Name: Adventist La Grange Memorial Hospital a/k/a AMITA Health Medical Center-La Grange					
	\				
City and Zip Code:			riodd		
County: Cook		Service Are	ea VII	Health Planning Area: A-04	
County. Cook	71001111	3017.00 7.110	<u> </u>	Troditi Lanting Filos. 7101	
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Applicant(s) [Prov	ide for each a				
Exact Legal Name:	<del></del>			tem Sunbelt Healthcare Corporation	
Street Address:	<del></del>	900 Hope		1 20744	
City and Zip Code: Name of Registered Ag			Springs, F ration Syste		
Registered Agent Street				reet, Suite 814	
Registered Agent City		Chicago, I		eet, Suite 614	
Name of Chief Executive		Mr. Terry			
CEO Street Address:	re Officer.	900 Hope		· · · · · · · · · · · · · · · · · · ·	
CEO City and Zip Code			Springs, FL	32714	
CEO Telephone Numb		407/357-1		2 327 14	
OLO Telephone Hamb	<u> </u>	401/001			
Tune of Oumanhi	n of Annlica	m <b>t</b> a			
Type of Ownershi	p of Applica	ii is			
X Non-profit Corp	noration	Г	□ Port	nership	
X Non-profit Corp ☐ For-profit Corp				rernmental	
Limited Liability		F		Proprietorship	
Ellinto Elopato	, 00pay				
<ul> <li>Corporations a</li> </ul>	nd limited liabili	ty companie	es must pro	vide an Illinois certificate of good	
standing.		•	•	_	
<ul> <li>Partnerships m</li> </ul>	iust provide the	name of the	e state in wi	hich they are organized and the name and	
address of eac	h partner specif	ying whether	er each is a	general or limited partner.	
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				ERIC SEQUENTIAL ORDER AFTER THE	
LAST PAGE OF THE	APPLICATION	FORM		Anna Carlo Tomas (and a second program of the second program of the second program of the second program of the	
Primary Contact [F			correspor	ndence or inquiries]	
Name:	Jacob M. Axel				
Title:	President			·	
Company Name:	Axel & Associa				
Address:	675 North Cou	rt, Suite 21	0 Palatine,	IL 60067	
Telephone Number:	847/776-7101				
E-mail Address:	jacobmaxel@r	nsn.com			
Fax Number:	847/776-7101				
<b>Additional Contact</b>	t (Person wh	o is also a	authorized	to discuss the application for	
exemption]		•			
Name:	none				
Title:	110110				
Company Name:	······································				
Address:					
Telephone Number:					
E-mail Address:					



Fax Number:

## **Post Exemption Contact**

[Person to receive all correspondence subsequent to exemption issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS **DEFINED AT 20 ILCS 3960]** 

Name:	Peg Wendell, Esq.	
Title:	Executive Vice President, Chief Legal Officer	
Company Name:	AMITA Health	
Address:	2601 Navistar Drive Lisle, IL 60532	
Telephone Number:	224/273-2333	
E-mail Address:	peg.wendell@amitahealth.org	
Fax Number:	224/273-4121	

## Site Ownership

[Provide this information	for each applicable site
Exact Legal Name of Site Ow	ner: Adventist Midwest Health
Address of Site Owner:	129 North Oak Street Hinsdale, IL 60525
Street Address or Legal Desc	ription of the Site: 5101 S. Willow Springs Road La Grange, IL 60525
Proof of ownership or contr	ol of the site is to be provided as Attachment 2. Examples of proof of
ownership are property tax	statements, tax assessor's documentation, deed, notarized statement
	to ownership, an option to lease, a letter of intent to lease, or a lease.
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ခြောင်းသေး မင်းပြုနှင့် ကိုလေရှာ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြ
APPEND DOCUMENTATION	
LAST PAGE OF THE APPLIC	(AS <u>ATTACHMENT 2, IN N</u> UMERIC SEQUENTIAL ORDER AFTER THE

Opera	aung idenuty/Licensee				
[Provi	de this information for each a	applicable fa	cility and insert after th	nis page.]	
Exact l	egal Name: Adventist Midwest He	ealth			
Addres	ss: 129 North Oak Stree	t Hinsdale, IL	60525		
×	Non-profit Corporation For-profit Corporation Limited Liability Company		Partnership Governmental Sole Proprietorship		Other
0	Corporations and limited liability of	companies mu	st provide an Illinois Certific	cate of Good f	Standing.
0	Partnerships must provide the na each partner specifying whether of	each is a gene	ral or limited partner.		
0	Persons with 5 percent or grea ownership.	ter interest in	the licensee must be ide	ntified with t	he % of
	ND DOCUMENTATION AS ATTAC PAGE OF THE APPLICATION FO		NUMERIC SEQUENTIÂL	ORDER AFT	ER THE

**Organizational Relationships** 

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. **Narrative Description** 

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The applicants, through this Certificate of Exemption ("COE") application, propose the discontinuation of the obstetrics category of service at AMITA Health Medical Center-La Grange.

The service was suspended via a letter dated June 1, 2018, and sent to the Administrator of the Illinois Health Facilities and Services Review Board and the Division Chief of IDPH's Division of Health Care Facilities and Programs.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes \_X \_ No \_\_. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Project 17-028 is scheduled for completion by September 30, 2020, and involves a modernization program. There is no relationship between the modernization project and this COE application; and the modernization project does not involve any obstetrics-related areas of the hospital.

Anticipated exemption completion date (refer to Part 1130.570): \_within 30 days following approval

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

X All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and

o in the case of a sole proprietor, the individual that is the proprietor.			
The undersigned certifies that he or she has the behalf of the applicant entity. The undersigned provided herein, and appended hereto, are com	Hospital * dures of the Illinois Health Facilities Planning Act. e authority to execute and file this Application on further certifies that the data and information		
SIGNATURE	SIGNATURE SIGNATURE		
PRINTED NAME PRESIDENT PRINTED TITLE	PRINTED NAME  ASSISTANT STOPETARY PRINTED TITLE		
Notarization: Subscribed and sworn to before me this / day of Dec , Zb ( Signature of Notary  Seal  ELIZABETH D NEARY Official Seal Notary Public - State of Illinois My Commission Expires Jun 10, 2020	Notarization: Subscribed and sworn to before me this G day of DEC, 2.010  CLIMATH DUCCUM  Signature of Notary  Seal  ELIZABETH D NEARY  Official Seal  Notary Public - State of Ullinom My Commission Expires Jun 10, 2000		
*Insert the EXACT legal name of the applicant			

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor

o In the case of a sole proprietor, the individual that is the proprietor.			
This Application is filed on the behalf ofAdv Adventist La Grange Memorial in accordance with the requirements and proceded The undersigned certifies that he or she has the behalf of the applicant entity. The undersigned for provided herein, and appended hereto, are comp knowledge and belief. The undersigned also certifies the paid upon request.	Hospital* ures of the Illinois Health Facilities Planning Act. authority to execute and file this Application on urther certifies that the data and information lete and correct to the best of his or her		
SIGNATURE	SIGNATURE ALL SIGNATURE		
THOR THORMSON PRINTED NAME PRINTED TITLE	PRINTED NAME  ASSISTANT STOPETARY PRINTED TITLE		
Notarization: Subscribed and sworn to before me this P day of DEC, ZD(E)  Signature of Notary  Seal  ELIZABETH D NEARY Official Seal Notary Public - State of Illinois My Commission Expires Jun 10, 2020	Notarization: Subscribed and sworn to before me this 15th day of DEC, 2018  Signature of Notary  Seal  ELIZABETH D NEARY Official Seal Notary Public - State of Illinois My Commission Expires Jun 10, 2020		
*Insert the EXACT legal name of the applicant			

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);

0	beneficiaries do not exist); and	eneticiaries (or the sole beneficiary when two or more
0	in the case of a sole proprietor, the individua	al that is the proprietor.
Healin according to the unbehalf provide knowled	th Co. d/b/a AMITA Healthordance with the requirements and proced dersigned certifies that he or she has the of the applicant entity. The undersigned fed herein, and appended hereto, are compared to the compared to th	an Brothers-AHS Midwest Region  lures of the Illinois Health Facilities Planning Act. authority to execute and file this Application on further certifies that the data and information blete and correct to the best of his or her tifies that the fee required for this application is
SIGNA PRINT PRINT	ALL AND FORME CANSED TITLE	SIGNATURE  PAUL & BETTLE  PRINTED NAME  EW (CFO  PRINTED TITLE
Ely Signatu Seal	ELIZABETH D NÉARY Official Seal Notary Public - State of Illinois My Commission Expires Jun 10, 2020	Notarization: Subscribed and sworn to before me this Bay of Dec 2018  Elimate About
*Insert	the EXACT legal name of the applicant	

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

Healthcare Corporation in accordance with the requirements and proced The undersigned certifies that he or she has the behalf of the applicant entity. The undersigned provided herein, and appended hereto, are com-	dures of the Illinois Health Facilities Planning Act. authority to execute and file this Application on further certifies that the data and information plete and correct to the best of his or her rtifies that the fee required for this application is
SIGNATURE  LYON C. ADDISCOTT  PRINTED NAME  ASSISTANT SECRETARY  PRINTED TITLE	SIGNATURE  Michael E. Saunders  PRINTED NAME  ASSISTANT Secretary  PRINTED TITLE
Notarization: Subscribed and sworn to before me this 10th day of December 2018  Signature of Notary	Notarization: Subscribed and sworn to before me this for day of December 2018  Signature of Notary
ANNE MARIE GREER MY COMMISSION # FF 155997 EXPIRES: December 29, 2018 Bondert Thru Notary Public Underwriters	ANNE MARIE GREER MY COMMISSION # FF 155997 EXPIRES: December 29, 2018 Bonded Thru Notary Public Underweiter

\*Insert the EXACT legal name of the applicant

## **REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## **IMPACT ON ACCESS**

- 1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
- 2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS <u>ATTACHMENT 7</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM:

## SECTION III. BACKGROUND

## READ THE REVIEW CRITERION and provide the following required information:

## BACKGROUND OF APPLICANT

- 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
- 2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
- 3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.
- 4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

## SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for <u>ALL PROJECTS TO DISCONTINUE</u> A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

- 1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
- 2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
- 3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

## Safety Net Impact Statements shall also include all of the following:

- 1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
- 2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
- 3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

#### A table in the following format must be provided as part of Attachment 9.

Safety Net I	nformation p	er PA 96-0031	
	CHARITY CA	RE	
Charity (# of patients)	Year	Year	Year
Inpatient	•		
Outpatient			
Total			
Charity (cost In dollars)			
Inpatient			
Outpatient			
Total			
	MEDICAID		
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient		1	

## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

Total			
The state of the s			
APPEND DOCUMENTATION A	S ATTACHMENT 9, IN NUM	ERIC SEQUENTIAL ORDER AFT	ER THE LAST PAGE OF THE
APPLICATION FORM	· 10 (10 ) · 10 (10 ) · 10 (10 ) · 10 (10 )		

## **SECTION V. CHARITY CARE INFORMATION**

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three <a href="mailto:audited">audited</a> fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
- 2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
- 3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care <u>must</u> be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 10.

	CHARITY CARE		
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care		]	

APPEND DOCUMENTATION AS <u>ATTACHMENT 10</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH

day of NOVEMBER A.D. 2018

Authentication #: 1831202022 verifiable until 11/08/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE ATTACHMENT 1



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVENTIST MIDWEST HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of NOVEMBER A.D. 2018

Authentication 4: 1831301404 verifiable until 11/09/2019 Authenticate at: http://www.cyberdriveillinois.com



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION, INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, AND MUST CONDUCT ALL AFFAIRS IN THIS STATE UNDER THE ASSUMED NAME OF ADVENTIST HEALTH SYSTEM, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of DECEMBER A.D. 2018.

aay of DECEMBER A.D. 2018

Authentication #: 1834401698 verifiable until 12/10/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE

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ATTACHMENT 2



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADVENTIST MIDWEST HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



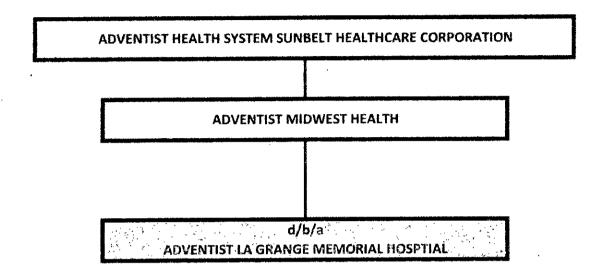
In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of NOVEMBER A.D. 2018 .

Authentication #: 1831301404 verifiable until 11/09/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE ATTACHMENT 3



## DISCONTINUATION

- 1. This Certificate of Exemption ("COE") application addresses the discontinuation of the applicant hospital's obstetrics category of service, which includes 12 authorized beds.
- 2. The following clinical areas/services, each of which is associated with obstetrics care, will be discontinued:
  - five labor-delivery-recovery rooms ("LDRs")
  - one C-Section room
  - ten Level 1 nursery stations/bassinettes
  - two Level 2 nursery stations/bassinettes
- 3. All of the clinical services identified in items 1 and 2, above, will be discontinued within 30 days following receipt of the request COE Permit. Discontinuation will occur via formal notification to the HFSRB.
- 4. No final plans have been made for the re-use of the space to be vacated as a result of the discontinuation. Among the potential uses under consideration at the time of this COE application's filing are the use of the C-Section room and LDRs for outpatient procedures, the use of the nursery for outpatient recovery, the use of the post-partum unit as an observation unit or for the redistribution of Medical/Surgical beds, and the use of the areas as non-clinical/administrative space. Equipment will be dispersed among other AMITA Health hospitals and outpatient facilities, sold, or discarded.
- The medical records of past patients will be retained by the hospital, consistent with licensure and accreditation requirements, as well as contemporary medical records retention practices.

- 6. This COE application is limited to the discontinuation of a category of service.
- 7. The required legal notice was published in the La Grange Doings, owned by The Chicago Tribune on December 6, 2018. Proof of publication is attached.

# Chicago Tribune

Order ID:

6014358

Printed:

11/29/2018 3:06:14 PM

Page

2 of

\* Agency Commission not included

**GROSS PRICE \*:** 

\$32.29

**PACKAGE NAME: Legal Pioneer West** 

Product(s): SubTrib\_Pioneer West , Publicnotices.com, classified.chicagotribune.com

AdSize(s):

1 Column

Run Date(s): Thursday, December 06, 2018

Color Spec. B/W

#### Preview

LEGAL NOTICE AMITA Health Medical Center-AMITA Health Medical Center-La Grange intends to cease the operations of its obstetrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Soard ("IHFSRS"). It is anticipated that the discontinuation will occur before March 31, 2019. The hospital intends to file the required Certificate of Exemption application with the IHFSRS by December 15, 2018, after which time additional information relating to the proposed discontinuation can be found on the IHFSRS website at histballinois.gov.

# CHICAGO TRIBUNE media group

Sold To: AMITA Health - CU80024349 200 S Wacker Dr Chicago,IL 60606-5829

Bill To: AMITA Health - CU80024349 200 S Wacker Dr Chicago,IL 60606-5829

## **Certificate of Publication:**

Order Number: 6014358 Purchase Order: N/A

State of Illinois - Cook

Chicago Tribune Media Group does hereby certify that it is the publisher of the The Doings LaGrange. The Doings LaGrange is a secular newspaper, has been continuously published Weekly for more than fifty (50) weeks to the first publication of the attached notice, is published in the City of LaGrange, Township of Lyons, State of Illing is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 IL Ct

This is to certify that a notice, a true copy of which is attached, was published 1 time(s) in the The Doings LaGrange, namely one time per week or on 1 successive weeks. The first publication of the notice was made in 1 newspaper, dated and published on 12/6/2018, and the last publication of the notice was made in the newspaper and published on 12/6/2018.

This notice was also placed on a statewide public notice website as required by 715 ILCS 5/2. 1.

PUBLICATION DATES: Dec-08, 2018.

The Doings LaGrange

In witness, an authorized agent/of The Chicago Tribune Media Group has signed this certificate executed in

Chicago, Jilinois on this

6th Day of December, 2018, by

Chicago Tribune Media Group

Stefania Sobie

## CHICAGO TRIBUNE

media group

## NO

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12/06/2018 6014358

## REASONS FOR DISCONTINUATION

The applicants have elected to discontinue the obstetrics program at the applicant hospital for two primary reasons.

First, during 2017, the average daily census on the 12-bed obstetrics unit was only 2.9 patients, the result of only 452 admissions, 28 of which were categorized as clean gynecology. In total, 389 babies were born at the hospital during 2017. With such a low census, and the need to staff LDRs, a C-Section room, and a nursery, as well as the post-partum unit, it was deemed to not be financially feasible to continue to operate the obstetrics program.

Second, AMITA Health Medical Center-Hinsdale is located less than ten minutes to the west of the applicant hospital, providing an opportunity to consolidate the two hospitals' obstetrics programs at the Hinsdale facility, without significantly compromising accessibility. The two hospitals have a common Medical Staff and management; and since the applicant hospital suspended its obstetrics service on June 1, 2018, the vast majority of patients who previously would have been admitted to the La Grange hospital have been admitted to the Hinsdale hospital. After a 5+ month trial and evaluation period, both the obstetricians practicing at the hospitals and management have agreed that consolidating the services is appropriate and will benefit the patients.



# Illinois Department of PUBLIC HEALTH

HF114795

## LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has compiled with the provisions of the fillness statutes another rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D.,J.D. Director

leaved under the authority of the olinois Department of Public Health

1/31/2019

0005967

General Hospital

Effective: 02/01/2018

Adventist Midwest Health

dba Adventist LaGrange Memorial Hospital
5101 South Willow Springs Road

CATEGORY

LaGrange, IL 60525

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Exp. Date 1/31/2019 Lic Number 0005967

Date Printed 12/22/2017 Validation Num

Adventist Midwest Health dba Adventist LaGrange Memorial Hos 5101 South Willow Springs Road LaGrange, IL 60525

FEE RECEIPT NO.



Mark A. Frey

President & Chief Executive Officer

AMITA Health System Office 2601 Navistar Dr. Lisle, IL 60532

224.273.2347 mark.frey@amitahealth.org

AMITAhealth.org

Ms. Courtney Avery
Illinois Health Facilities
And Services Review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. AMITA Health has not had any adverse actions against any facility owned, operated, and/or controlled by the applicant during the three (3) year period prior to the filing of this application, and

2. AMITA Health authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230 b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

President and

Chief Executive Officer

Date: Mamber 8 2018

Notarized:

OFFICIAL SEAL MELISSA KÜLIK

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 05/13/22

Melessa Keelk

#### IMPACT ON ACCESS

The proposed discontinuation of obstetrics services at AMITA Health Medical Center-La Grange will have minimal impact on accessibility for residents of the communities surrounding the hospital, because of the volume of programs in the area.

The following providers of obstetrics services are located within ten miles of the hospital:

- AMITA Health Medical Center-Hinsdale, Hinsdale
- Advocate Christ Hospital & Medical Center, Oak Lawn
- Little Company of Mary Hospital, Evergreen Park
- Palos Community Hospital, Palos Heights
- Elmhurst Memorial Hospital, Elmhurst
- Loyola University Medical Center, Maywood
- MacNeal Hospital, Berwyn
- West Suburban Medical Center, Oak Park
- Westlake Hospital, Melrose Park

Letters, requesting an impact statement have been sent to each of the area hospitals identified above. A copy of the template used for that letter, as well as proof of delivery are attached. Copies of any responses received by the applicants will be provided to HFSRB staff.

## VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

November 16, 2018

name title hospital street address city/state/ZIP code

## RE: Proposed Discontinuation of Obstetrics Category of Service

Dear

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

AMITA Health Medical Center-La Grange suspended its obstetrics category of service on June 1, 2018, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

During 2016, 429 patients were admitted to the hospital's obstetrics unit, and 452 patients were admitted in 2017.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing open heart surgery services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Michael Murrill President/CEO

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William Brown, President/CEO  1225 W Lake Street  Meln se Park, IL 60160  9590 9402 1761 6074 7824 14  Article Number Genesian from senina lettell  7014 0 110 0000 24 77 016  Form \$811, July 2015 PSN 7530-02-000-9059  ENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece. or on the front if space permits.  Arille Addressed to:  Advocate Christ Hospital & Medical Center Rich Heim, President/CEO  4440 W 95th Street	3. Service Type C AGE Signature Restricted Delivery Certified Meli® D Certified Meli® D Certified Meli® D Collect on Delivery Restricted Delivery D Collect on Delivery Restricted Delivery S Hall Restricted Delivery  COMPLETE THIS SECTION ON A Signature X D Asceived by (Printed Name) D is delivery address different from it YES, enter delivery address	Di Priority Meil Expresso Di Registrese Hairin Di Paccisterio Mairi Pectriored Delivery Di fisitim Escelpt for Merchandiss Di Signature Confirmation Mestriotad Delivery Omestic Return Receipt  One Wary  C. Date of Delivery  On term 17 Delivery  Di Priority Mail Expresso Di Registrate Mairin  Di Priority Mail Expresso Di Registrated Mairin
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William Brown, President/CEO  1225 W Lake Street  Meln se Park, IL 60160  9590 9402 1761 6074 7824 14  Article Number Genesian from senina lettell  7014 0 110 0000 24 77 016  Form \$811, July 2015 PSN 7530-02-000-9059  ENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailplece. or on the front if space permits.  Arille Addressed to:  Advocate Christ Hospital & Medical Center Rich Heim, President/CEO  4440 W 95th Street	S. Service Type  D. AGR Signature D. AGR Signature Certified Meli® D. Certified Meli® D. Certified Meli® D. Certified Meli® D. Collect on Delivery Restricted Delivery Meli Restricted Delivery Adli Restricted Delivery D. S. Service Type D. Is delivery address different from it YES, enter delivery address D. Adult Signature D. Adult Signature Restricted Delivery D. Certified Meli® Confilied Meli® D. Certified Meli® Confilied Mel	CI Priority Mail Express®  CI Registree Hair*  Definery  Officient Goodprifor  Microbardiss  CI Signature Confirmation**  CI Signature Confirmation  Restricted Definery  Omestic Return Receipt  C. Date of Velivery  Officient Confirmation  I Registreed Mail Restricted  Call Priority Mail Express®  CI Registreed Mail Restricted  Definery  CI Patent Association  CI Pa
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#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. **∰**Agent ■ Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) Bate of Delivery Attach this card to the back of the mailpiece, wandl or on the front if space permits. D. Is delivery address different 1. Article Addressed to: If YES, enter delivery address. West Suburban Medical Center Patrick Maloney, President/CEO 3 Erie Ct Oak Park, IL 60302 ☐ Prictity Mail Express® ☐ Registered Mail™ Service Type Ci Adult Signatura Registered Mail Restricted Delivery Return Receipt for Merchandles Adult Signature Restricted Delivery Certified Meil® Certified Meil® Certified Meil Restricted Delivery 9590 9402 1761 6074 7824 69 Collection Delivery Collection Delivery Collection Delivery Restricted Delivery Signature Confirmation To 2. Article Number (Transfer from service lebel) □ Signatura Confirmation Restricted Delivery 7016 0910 0000 2697 0163 Restricted Delivery Domestic Reiturn Receipt SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. A Signeture Print your name end address on the reverse so that we can return the card to you. Acent ☐ Addressee Attach this card to the back of the mailpiece, 3. Received by (Printed Name) C. Date of Delivery or on the front if space permits. AGIS 1. Article Additessed to: D. Is delivery address different from item 1? 12 Yea if YES, enter delivery address below: AMITA Health Medical Center Steve Province, CEO 120 N. Oak St Hinsdale IL 60521 Service Type CI Priority Mair Expression D Adult Signatura D Adult Signatura Restricted Calivery O Registered Mail Nestroid Or Certified Mailib 9590 9402 1761 6074 7824 45 Delivery C Cartified Mail Restricted Delivery Di Return Receipt for Merchandisa □ Signature Confirmation 178. Gollect on Delivery Gollect on Delivery Gollect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) 8110 SP42 0000 0160 4105 C Statistics Constitution Restricted Dalivery al Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9050 Domestic Return Receipt SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Print your name and address on the reverse Agent Agent so that we can return the card to you. ☐ Addresses Attach this card to the back of the mailpiece, Date of Delivery or on the front if space permits. 1. Articla Artriressed to: D. Is delivery address different from from 1? If YES, enter delivery address below: Little Company of Mary Hospital John P. Hanion, President/CEO 2800 W 95th Street Evergreen Park, IL 60805 D Friorisy Mail Expression D Registered Mail THE D Registered Mail Restricted Delivery D Return Receipt for Merchandisa D Signature Communication Service Typa Adult Signatura 12 point Signature Restricted Delivery 13 Certified Mail® 9590 9402 1761 6074 7824 90 Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Signature Confirmation 2. Article Number (Transfer from Service Jabel) tol Modi k Mail Restricted Delivery 7016 0910 0000 2697 0088 Restricted Dallyshy PS Form 3811, July 2015 PSN 7530-02-000-9053 DomesticATTACHMENT 7

## **BACKGROUND**

Applicant Ascension Health owns, operates and/or controls\* the following Illinois licensed health care facilities:

AMITA Health Adventist Medical Center Bolingbrook Bolingbrook, IL IDPH #5496

AMITA Health Adventist Medical Center GlenOaks Glendale Heights, IL IDPH #3814

AMITA Health Adventist Medical Center Hinsdale Hinsdale, IL IDPH #0976

AMITA Health Adventist Medical Center La Grange La Grange, IL IDPH #5967

AMITA Health Alexian Brothers Medical Center Elk Grove Village Elk Grove Village, IL IDPH #2238

AMITA Health St. Alexius Medical Center Hoffman Estates Hoffman Estates, IL IDPH #5009

AMITA Health Alexian Brothers Behavioral Health Hospital Hoffman Estates, IL

Presence Holy Family Medical Center Des Plaines, IL

Presence Resurrection Medical Center Chicago, IL IDPH #6031

Presence Saint Francis Hospital Evanston, IL IDPH #5991

Presence Saint Joseph Hospital-Chicago Chicago, IL IDPH #5983 Presence Mercy Medical Center Aurora, IL IDPH #4903

Presence Saint Joseph Hospital-Elgin Elgin, IL IDPH #4887

Presence Saint Joseph Medical Center Joliet, IL IDPH #4838

Presence St. Mary's Hospital Kankakee, IL IDPH #4879

Presence Saint Mary of Nazareth Hospital Chicago, IL IDPH #6007

Presence Saint Elizabeth Hospital Chicago, IL IDPH #6007

Presence Lakeshore Gastroenterology Des Plaines, IL

Belmont/Harlem Surgery Center Chicago, IL IDPH #7003131

#### SAFETY NET IMPACT STATEMENT

AMITA Health Medical Center-La Grange has a long history of being a safety net provider, both in terms of services provided directly at or by the hospital, as well as its role in the community. The proposed discontinuation of obstetrics services will have no impact on that commitment, nor will it have any negative impact on any other providers of safety net services.

It is anticipated by the applicants that the vast majority of patients that have looked to the applicant hospital in the past for obstetrics care will receive their obstetrics care at the applicant hospital's sister facility, AMITA Health Medical Center-Hinsdale.

# Presence Saint Mary of Nazareth and Saint Elizabeth Hospitals

### Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	1,213	985	173
	6,969	12,243	2,531
Outpatient	8,182	13,228	2,704
Total	<u> </u>		
Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	4,380,283	2,542,044	1,389,711
Outpatient	4,421,583	4,423,868	1,951,885
Total	8,801,866	6,965,912	3,341 <u>,</u> 596
Total			
Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	3,639	1,918	1,926
Outpatient	27,255	12,046	73,984
Total	30,894	13,964	75,910
Total			
Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	40,340,734	47,951,568	45,807,382
Outpatient	45,164,598	24,498,704	24,334,912
Total	85,505,332	72,450,272	70,142,294

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	303,495,761	304,924,151	331,806,223
Amount of Charity (charges)	39,232,810	36,373,058	28,512,920
Cost of Charity Care	8,801,866	6,965,912	3,341,596

# Presence St. Joseph Hospital-Chicago

### Section IV.

Control			
	FY 2015	FY 2016	FY 2017
harity # of patients	794	723	42
npatient	2,531	4,445	452
Outpatient	3,325	5,168	494
Total	3,023		
	FY 2015	FY 2016	FY 2017
Charity (cost in dollars)	1,437,204	727,799	354,365
Inpatient	1,691,249	1,520,340	454,772
Outpatient	3,128,453	2,248,139	809,137
Total		<u> </u>	
	FY 2015	FY 2016	FY 2017
Medicaid # of patients	786	464	427
Inpatient	6,397	3,000	10,536
Outpatient	7,183	3,464	10,963
Total			
	FY 2015	FY 2016	FY 2017
Medicaid (revenue)	9,300,603	20,516,947	33,379,547
Inpatient	9,517,719	7,584,914	18,530,768
Outpatient	18,818,322	28,101,861	51,910,315
Total	20,020,020		

	FY 2015	FY 2016	FY 2017
	203,357,193	207,300,397	218,077,373
Net Patient Revenue	10,750,603		4,321,924
Amount of Charity (charges)	3,128,453	2,248,139	809,137
Cost of Charity Care		1	

#### Presence St. Francis Hospital

#### Section IV.

FY 2015	FY 2016	FY 2017
611	628	71
3,898	6,885	1,212
4,509	7,513	1,283
FY 2015	FY 2016	FY 2017
1,824,721	1,652,766	540,676
2,807,049	2,390,180	901,814
4,631,770	4,042,946	1,442,490
FY 2015	FY 2016	FY 2017
1,068	621	630
13,374	7,080	19,965
14,442	7,701	20,595
FY 2015	FY 2016	FY 2017
8,028,798	12,338,025	31,418,703
12,825,638	7,584,914	25,782,125
20,854,436	19,922,939	57,200,828
	611 3,898 4,509 FY 2015 1,824,721 2,807,049 4,631,770 FY 2015 1,068 13,374 14,442 FY 2015 8,028,798 12,825,638	611 628  3,898 6,885  4,509 7,513  FY 2015 FY 2016  1,824,721 1,652,766  2,807,049 2,390,180  4,631,770 4,042,946  FY 2015 FY 2016  1,068 621  13,374 7,080  14,442 7,701  FY 2015 FY 2016  8,028,798 12,338,025  12,825,638 7,584,914

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	164,750,924	167,195,901	174,967,222
Amount of Charity (charges)	21,880,375	22,691,367	18,229,097
Cost of Charity Care	4,631,770	4,042,946	1,442,490

# Presence Holy Family Medical Center

#### Section IV.

30	133	e i
	733	3
L,369	552	52
1,399	685	57
	<u></u>	<u>/</u>

FY 2015	FY 2016	FY 2017
316,123	350,291	555,325
144,232	82,536	49,475
460,355	432,827	604,800
	316,123 144,232	316,123 350,291 144,232 82,536

FY 2015	FY 2016	FY 2017
123	45	52
304	815	4,371
427	860	4,423
	123 304	123 45 304 815

Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	(2,347,748)	5,554,348	27,387,711
Outpatient	627,226	1,033,372	4,330,314
Total	(1,720,522)	6,587,720	31,718,025
TOLAI			A

FY 2015	FY 2016	FY 2017
69,586,245	66,443,334	70,564,615
1,561,868	2,255,868	4,544,910
460,355	432,827	604,800
	69,586,245 1,561,868	69,586,245 66,443,334 1,561,868 2,255,868

### Presence Resurrection Medical Center

#### Section IV.

	FY 2015	FY 2016	FY 2017
Charity # of patients	765	768	66
Inpatient	-	6,081	890
Outpatient	3,845		956
Total	4,610	6,849	950
Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	2,563,124	1,173,755	686,843
Outpatient	1,929,857	2,189,381	825,415
Total	4,492,981	3,363,136	1,512,258
Total			
Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	601	387	378
Outpatient	13,200	6,737	21,852
Total	13,801	7,124	22,230
Total			
Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	(2,406,200)	6,232,260	67,975,604
Outpatient	3,702,310	3,629,433	37,801,109
	1,296,110	9,861,693	105,776,713
Total		<u></u>	

#### Section V

9,252 264,	576,914	270,126,791
		1
2,240 18,	571,646	15,804,220
2,981 3,	,363,136	1,512,258

3

# Presence Mercy Medical Center

### Section IV.

20110111			
	FY 2015	FY 2016	FY 2017
harity # of patients	1,204	1,988	147
npatient	4,078	6,732	2,077
Outpatient	5,282	8,720	2,224
rotal			
	FY 2015	FY 2016	FY 2017
Charity (cost in dollars)	2,293,444	2,853,889	1,240,933
Inpatient	3,128,539	3,166,129	2,125,573
Outpatient	5,421,983	6,050,491	3,366,506
Total	3)(22)		
	FY 2015	FY 2016	FY 2017
Medicaid # of patients	2,273	1,826	2,477
Inpatient	55,196	45,825	64,057
Outpatient	57,469	47,651	66,534
Total			
	FY 2015	FY 2016	FY 2017
Medicaid (revenue)	16,138,639	13,345,368	14,378,74
Inpatient	41,136,666	14,805,466	17,501,74
Outpatient	57,275,305	28,150,834	31,880,49
Total			-

	FY 2015	FY 2016	FY 2017
	173,471,950	185,662,250	
Net Patient Revenue	29,885,457	36,903,020	
Amount of Charity (charges)	5,421,983	6,050,491	3,366,506
Cost of Charity Care			

# Presence St. Joseph Hospital-Elgin

# Section IV.

	FY 2015	FY 2016	FY 2017
Charity # of patients	683	1,199	63
Inpatient	2,857	5,017	1,323
Outpatient	3,540	6,216	1,386
Total			
	FY 2015	FY 2016	FY 2017
Charity (cost in dollars)	1,659,661	2,150,613	678,071
Inpatient	2,522,152	1,239,628	1,919,060
Outpatient	4,181,813	3,390,241	2,597,131
Total			
	FY 2015	FY 2016	FY 2017
Medicaid # of patients	915	846	1,165
Inpatient	22,401	28,782	33,195
Outpatient	23,316	29,628	34,360
Total			
	FY 2015	FY 2016	FY 2017
Medicaid (revenue)	11,609,548	8,499,358	9,376,281
Inpatient	19,114,352		5,259,631
Outpatient	30,723,900		14,635,912
Total	1 307. 2070		

	FY 2015	FY 2016	FY 2017
	132,597,966	148,323,931	143,143,526
Net Patient Revenue	21,617,399	20,728,074	23,593,393
Amount of Charity (charges)	4,181,813	3,390,241	2,597,131
Cost of Charity Care			<u> </u>

### Presence St. Joseph Medical Center

#### Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	148	3,053	2,104
Outpatient	2,067	10,612	7,314
Total	2,215	13,665	9,418
Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	1,223,021	4,528,712	3,763,727
Outpatient	2,127,121	2,780,350	4,085,625
Total	3,350,142	7,309,062	7,849,352
Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	4,418	4,151	4,014
Outpatient	48,591	106,220	96,420
Total	53,009	110,371	100,434
Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	22,317,603	20,626,384	21,495,441
Outpatient	12,872,225	12,663,326	31,224,865
Total	35,189,828	33,289,710	52,720,306
I O LOI			

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	349,215,843	386,006,011	374,114,333
Amount of Charity (charges)	41,754,548	42,334,283	45,193,272
Cost of Charity Care	3,350,142	7,309,062	7,849,352

### Presence St. Mary's Hospital

#### Section IV.

	EV 2045	FY 2016	FY 2017
Charity # of patients	FY 2015		
Inpatient	683	1,016	25
Outpatient	3,404	5,061	1,099
	4,087	6,077	1,124
Total		·	
Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	1,178,589	1,143,754	263,568
Outpatient	2,058,972	1,063,567	647,661
Total	3,237,561	2,207,321	911,229
Total			
Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	1,170	1,195	1,363
Outpatient	44,038	34,629	20,489
Total	45,208	35,824	21,852
Total			
Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	17,053,694	9,251,698	8,946,439
	30,980,047	8,603,075	10,260,434
Outpatient	48,033,741	17,854,773	19,206,873
Total			

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	109,622,889	120,646,101	121,698,113
Amount of Charity (charges)	17,119,961	13,900,377	15,606,551
Cost of Charity Care	3,237,561	2,207,321	911,229

# St. Alexius Medical Center

#### Section IV.

			5)(2017
	FY 2015	FY 2016	FY 2017
Charity # of patients	586	111	352
npatient	5,110	2,322	1,568
Outpatient	7,659	7,136	6,105
Total			
	FY 2015	FY 2016	FY 2017
Charity (cost in dollars)	2,214,865	2,574,992	1,876,626
Inpatient	3,053,373	2,994,694	2,201,842
Outpatient	5,268,239	5,569,686	4,078,468
Total	3,200,		
	FY 2015	FY 2016	FY 2017
Medicaid # of patients	3,190	5,233	3,87
Inpatient	40,829	57,423	56,41
Outpatient	50,178	51,762	51,80
Total			
	FY 2015	FY 2016	FY 2017
Medicaid (revenue)	24,916,000	24,335,000	26,698,58
Inpatient	15,813,000	18,494,000	19,870,05
Outpatient	40,729,000		46,568,64
Total	10/120/000	<u> </u>	

Section V	FY 2015	FY 2016	FY 2017
	345,017,000	353,092,000	353,952,000
Net Patient Revenue	27,143,649	30,717,841	21,730,913
Amount of Charity (charges)	5,268,239	5,569,686	4,078,468
Cost of Charity Care		<u></u>	

# Alexian Brothers Medical Center

#### Section IV.

FY 2015	FY 2016	FY 2017
		399
		2,232
		2,631
3,319	1,002	
FY 2015	FY 2016	FY 2017
2,307,325	2,756,581	2,331,830
2,349,008	2,409,470	2,134,299
4,656,333	5,166,051	4,466,129
FY 2015	FY 2016	FY 2017
1,074	3,806	2,410
41,044	49,428	45,946
42,118	53,234	48,356
FY 2015	FY 2016	FY 2017
13,668,000	24,917,316	14,688,808
8,288,000	14,100,420	12,104,570
21,956,000	39,017,736	26,793,378
	2,307,325 2,349,008 4,656,333 FY 2015 1,074 41,044 42,118 FY 2015 13,668,000 8,288,000	311 125 3,008 1,477 3,319 1,602  FY 2015 FY 2016 2,307,325 2,756,581 2,349,008 2,409,470 4,656,333 5,166,051  FY 2015 FY 2016 1,074 3,806 41,044 49,428 42,118 53,234  FY 2015 FY 2016 13,668,000 24,917,316 8,288,000 14,100,420

FY 2015	FY 2016	FY 2017
449,261,000	457,943,000	472,013,000
23,820,931	26,603,784	23,058,353
4,656,333	5,166,051	4,461,129
	449,261,000 23,820,931	449,261,000 457,943,000 23,820,931 26,603,784

# Alexian Brothers Behavioral Health Hospital

### Section IV.

ection			
	FY 2015	FY 2016	FY 2017
Charity # of patients	690	414	687
npatient	405	209	428
Outpatient	1,095	623	1,115
Total			
	FY 2015	FY 2016	FY 2017
Charity (cost in dollars)	418,356	461,258	543,631
Inpatient	296,690	185,059	200,688
Outpatient	715,046	646,317	744,319
Total	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		···
	FY 2015	FY 2016	FY 2017
Medicaid # of patients	329	416	322
Inpatient	3,423	818	40,847
Outpatient	3,752	1,234	41,169
Total		<u></u>	
	FY 2015	FY 2016	FY 2017
Medicaid (revenue)	649,000	707,674	723,609
Inpatient	1,679,000	1,831,801	1,872,017
Outpatient	2,328,000	2,539,475	2,595,620
Total	3 2,328,000		1

	FY 2015	FY 2016	FY 2017
	74,048,702	76,916,399	78,615,801
Net Patient Revenue	1,993,961	2,098,548	1,919,198
Amount of Charity (charges)	715,046	646,317	744,319
Cost of Charity Care			

# Adventist Glen Oaks Hospital

#### Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
	112	110	102
Inpatient	715	803	1,328
Outpatient	827	913	1,430
Total	<u> </u>		
Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	765,891	675,725	718,114
Outpatient	1,592,189	1,362,203	1,099,263
Total	2,358,080	2,037,928	1,817,377
Total			
Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	2,286	1,981	2,085
Outpatient	14,631	17,301	17,632
Total	16,917	19,282	19,717
1001			
Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	18,178,083	16,324,722	11,839,293
Outpatient	16,087,927	14,249,071	8,911,320
Total	34,266,010	30,573,793	20,750,613

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	83,016,363	80,487,930	85,268,778
Amount of Charity (charges)	7,743,127	6,613,992	6,157,479
Cost of Charity Care	2,358,080	2,037,928	1,817,377

# Adventist Bolingbrook Hospital

#### Section IV.

FY 2015	FY 2016	FY 2017
1.05	111	176
798	853	2,329
903	964	2,505
FV 2015	FY 2016	FY 2017
737,726	640,020	564,434
1,506,569	1,126,392	1,000,180
2,244,295	1,766,412	1,564,614
FY 2015	FY 2016	FY 2017
1,437	1,439	1,503
23,443	27,265	29,138
24,880	28,704	30,641
FY 2015	FY 2016	FY 2017
6,521,510	6,632,741	8,884,199
9,527,298	9,361,396	9,271,291
16,048,808	15,994,137	18,155,490
	FY 2015 737,726 1,506,569 2,244,295  FY 2015 1,437 23,443 24,880  FY 2015 6,521,510 9,527,298	105 111 798 853 903 964  FY 2015 FY 2016 737,726 640,020 1,506,569 1,126,392 2,244,295 1,766,412  FY 2015 FY 2016 1,437 1,439 23,443 27,265 24,880 28,704  FY 2015 FY 2016 6,521,510 6,632,741 9,527,298 9,361,396

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	119,827,083	121,154,941	129,089,238
Amount of Charity (charges)	9,756,066	7,309,134	6,689,129
Cost of Charity Care	2,244,295	1,766,412	1,564,614

# Adventist La Grange Medical Center

#### Section IV.

Charity # of patients	FY 2015	FY 2016	FY 2017
Inpatient	81	82	89
Outpatient	422	388	1,160
Total	503	470	1,249
Total			
Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	639,886	643,676	664,624
Outpatient	1,244,364	940,188	942,448
Total	1,884,250	1,583,864	1,607,072
Medicaid # of patients	FY 2015	FY 2016	FY 2017
Inpatient	824	741	885
Outpatient	12,578	12,005	16,073
Total	13,402	12,746	16,958
Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	9,456,596	9,643,426	6,888,007
Outpatient	4,306,103	4,122,811	6,323,812
Total	13,762,699	13,766,237	13,211,819

	FY 2015	FY 2016	FY 2017
Net Patient Revenue	159,802,351	160,571,704	158,971,897
Amount of Charity (charges)	7,637,693	6,375,572	6,565 <i>,</i> 635
Cost of Charity Care	1,884,250	1,583,864	1,607,072

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

	INDEX OF ATTACHMENTS			
ATTACHMEN NO.	т	PAGES		
1	Applicant Identification including Certificate of Good Standing	17		
2	Site Ownership	20		
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	21		
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.			
5	Discontinuation General Information Requirements	22		
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# Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

#### by FedEX

December 18, 2018

Ms. Courtney Avery Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Springfield, IL 62761

Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Exemption ("COE") application addressing the discontinuation of the inpatient obstetrics unit at AMITA Health Medical Center-La Grange.

The application is accompanied by a check, in the amount of \$2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,

Jacob M. Axel

/ President

enclosures